

## **Continuing Education**

**Credit Hours Awarded:** 2 hours

### **APPLICATION OF PERIODONTAL DRESSINGS**

#### **General Instructions**

According to the Board rule, training programs **MUST** consist of all of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, participants must be currently certified by the Dental Assisting National Board or must have two years of clinical dental assisting experience;
2. A didactic component;
3. A laboratory component, if necessary;
4. A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
5. A post-course competency assessment at the conclusion of the training program.

Conduct an **initial assessment** to determine base entry level of all participants in the program.

#### **Didactic**

##### **Required Reading**

Phinney & Halstead, Dental Assisting, A Comprehensive Approach, published by Delmar (Thompson), ISBN – 4018-3480-9, p. 525-527.

*Suggested reference to supplement didactic component:*

Phinney, Donna J., Halstead, Judy H.: *Delmar's Handbook of Assisting*, p. 333-334.

#### **Objectives**

1. Select purposes of periodontal dressings.
2. Match the correct composition and characteristics to the appropriate type of periodontal dressing:
  - a. hard pack
  - b. soft pack
  - c. light cured
3. Match the correct brand names to the appropriate type of periodontal dressing.
4. Indicate the correct application technique of periodontal dressings.
5. Identify characteristics of a properly placed periodontal dressing.
6. List instructions that are given to patient who has had periodontal surgery and foods that the patient should avoid.
7. Select the correct time when periodontal dressings are usually replaced (if needed) and removed.
8. Indicate post-operative instructions given to a patient who has had a periodontal dressing removed.

## **Didactic**

### **I. Purpose of the Periodontal Dressing**

- A. Provide mechanical protection for the surgical wound and therefore facilitate healing**
- B. Prevents post operative bleeding by maintaining the initial clot in place**
- C. Supports mobile teeth during healing**
- D. Helps in shaping or molding the newly formed tissue**
- E. Provide patient comfort by isolating area from external irritations or injuries**

### **II. Characteristics of Acceptable Dressing Material**

- A. Should be nontoxic or nonirritating to the tissue**
- B. Conveniently prepared, placed and removed with minimal discomfort to patient**
- C. Should maintain adhesion to itself and to the teeth and tissues**
- D. Should not damage or stain any restorative materials**

### **III. Types of Dressings**

- A. Eugenol dressing (hard pack)**
  - 1. Basic ingredients**
    - a. powder**
    - b. liquid (eugenol)**
  - 2. Brand names**
    - a. PPC**
    - b. Wards**
  - 3. Characteristics**
    - a. Hard, brittle; hard to mix and breaks easily**
    - b. Can be prepared in quantity & stored in work size pieces**
    - c. Maximum powder must be incorporated to achieve a thick mix**
- B. Non-eugenol (soft pack)**
  - 1. Basic ingredients**
    - a. base**
    - b. accelerator**
  - 2. Brand names**
    - a. Coe-Pak**
  - 3. Characteristics**
    - a. pliable & smoother**
    - b. Must be prepared at the time it is used. Cannot be prepared in advance and stored**
- C. Light-cure**
  - 1. Basic ingredients**
    - a. syringe**
  - 2. Brand names**
    - a. Barricaid**
  - 3. Characteristics**

- a. Non brittle & very elastic
- b. No mixing required

#### **IV. Application of Hard and Soft Periodontal Dressing**

- A. **Hard Pack**
  - 1. Mix maximum amount of powder into the liquid to achieve a putty mix
  - 2. knead so consistency is firm and thick
- B. **Soft Pack**
  - 1. Extrude equal lengths & quickly mix together with tongue blade until blended
    - a. use vaseline on gloves to form pack
- C. If there are open embrasures with missing papillae or recession, use small sections of the dressing to mold into wedge shapes to press interproximally.
- D. Apply 1 U-Strip starting from distal and placing on the facial & lingual
- E. Press interproximally and with a plastic instrument adapt around the gingival surface and interproximal areas to gain retention and create festooning
  - 1. For protection & promotion of healing, the dressing should not exceed 1-2 mm beyond the surgical site
- F. Any edentulous areas can be filled in to make dressing continuous
- G. Muscle trim cheeks, lips and tongue to prevent movement or dislodgement
  - 1. dressing should not interfere with muscle, cheek and frenum attachments; overextension causes irritation
    - a. frenums should move freely
- H. Check occlusion
  - 1. dressing should extend only to the height of contour of the teeth
  - 2. it should not be in occlusal contact during closure

#### **V. Application of Light-Cured Periodontal Dressing**

- A. Light cured dressing may be directly placed into the mouth from syringe or indirectly off a pad
- B. Dry surfaces adjacent to surgical site
- C. Place the pack on cervical 1/3 & margin of the wound
- D. Muscle trim with plastic instrument or a vaselined instrument
- E. Expose each segment to light for curing time (10 sec per tooth)
- F. Check occlusion & placement as described previously

#### **VI. Characteristics of Well-Placed Dressing**

- A. Should be secured & rigid (moveable dressing can promote bleeding & irritation)
- B. Little bulk as possible
- C. Is locked interdentally so it can not be displaced by tongue, cheek or lips
- D. Covers all surgical wound and interdental areas without unnecessary over extension

- E. Should have a smooth surface to prevent irritation and discourage plaque retention
- VII. Patient Dismissal and Instructions**
- A. Patient should not be dismissed until bleeding or oozing under the dressing has stopped
  - B. Written instructions are given
    - 1. refer to chart
- VIII. Dressing Removal by Dentist and Replacement**
- A. Epithelium will cover the wound in 5-6 days
    - 1. complete restoration of epithelium and connective tissue can be expected by 21 days
  - B. Dressing may be left in place from 7-10 days or as predetermined by the dentist
    - 1. if dressing breaks or falls off before appointed removal time, the healing tissue needs to be evaluated by dentist
    - 2. after 5 days, dressing replacement may not be needed
    - 3. if replacement is indicated, the whole dressing should be replaced because the remainder is usually loose (apply topical anesthetic and use minimal pressure during placement)
- IX. Bacterial Plaque Control and Follow Up**
- A. Plaque control is essential after final dressing removal
    - 1. Use a soft toothbrush especially around treated gingival margin
    - 2. Continue to rinse with mild saline solution to encourage healing
    - 3. A desensitizing agent may be advisable if teeth are sensitive
  - B. Have patient return for observation of complete healing in one week to one month

### **Clinical/Lab**

Go back to IV-IX and perform each of these procedures in a clinical setting and a lab, if appropriate. Please note that all clinical training must be done under the personal supervision of a dentist, which means that the dentist must be physically present in the treatment room.

**Postcourse competency assessment** must be completed at the conclusion of the training program. This means you must develop a test to ensure participants have learned the necessary material and can perform these skills to written and clinical competency. Keep a copy of your competency assessment and the participants results as part of the documentation of training.

***Document successful completion of this training*** on the Documentation of Training Form and maintain this proof in the dental office of practice.